



DEPARTMENT OF MOTOR VEHICLES -- COMMONWEALTH OF VIRGINIA

VSA 94 (01/00)

**APPLICATION FOR LICENSE PLATES AND/OR DECALS FOR DEAF PERSONS**

THIS APPLICATION APPLIES TO PASSENGER CARS, PICKUP OR PANEL TRUCKS NOT EXCEEDING 7,500 LBS. GROSS WEIGHT

I AM APPLYING FOR (CHECK ONE OR BOTH): <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> DECAL		CURRENT LICENSE PLATE NO.		TITLE NO.	
DRIVER LICENSE NO.		<p style="text-align: center;"><i>PHYSICIAN'S CERTIFICATION</i></p> <p style="text-align: right;">DATE _____</p> <p>I CERTIFY THAT _____ <small>(APPLICANT'S NAME)</small></p> <p>IS DEAF AND CANNOT HEAR AND UNDERSTAND NORMAL SPEECH.</p>			
I _____ <small>(PRINT FULL NAME)</small> CERTIFY THAT I AM DEAF AND CANNOT HEAR AND UNDERSTAND NORMAL SPEECH.					
SIGNATURE		PHYSICIAN'S SIGNATURE			
DATE		STREET ADDRESS			
		CITY		STATE	ZIP